SUBMIT SAVE PRINT RESET

North Central Regional Transit District

1327 N. Riverside Drive
Española, NM 87532
866-206-0754
Fax 505-747-6647
www.ncrtd.org

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age, sexual orientation, gender identity, marital or veteran status, or the presence of a medical condition or disability (unless it affects a required bona fide occupational qualification for the position). We are an Equal Opportunity Employer.

Position Applied For:_____ Announcement No. _____

PERSONAL INFORMATION

Name _____
(Last) (First) (Middle)

Address _____
(Number) (Street) (City, State, Zip)

Telephone (Home) ( ) _____

(Work)( ) _____ (Cell) ( ) _____

E-Mail Address: _____

Have you ever used a different name for school or employment? If so, what name(s)?

_____

Do you now work or have you previously worked for the NCRTD?

Yes ☐ No ☐ If yes, indicate dates: From: To:

Does the District employ any relative of yours or are you related to a District Official? Yes ☐ No ☐

Name _____

Relationship _____

Are you eligible to work in the United States? (If selected, proof of eligibility will be required) Yes ☐ No ☐

Do you possess a valid Driver's License? Yes ☐ No ☐

State _____ Class _____ License # _____

Referral Source

- ☐ Website Advertisement
- ☐ Job Fair
- ☐ Friend or Relative
- ☐ Job Line
- ☐ Walk-In
- ☐ Other (Describe)

Do you have any driving Violations? _____Yes _____No

If yes, please explain:

_____

Have you ever been arrested, charged or convicted of a felony or misdemeanor? ☐Yes ☐No

If yes, please explain: _____

_____

(A conviction record will not necessarily be a bar to employment)

IMPORTANT INSTRUCTIONS FOR COMPLETING THIS APPLICATION

Complete this application in ink. Each position you apply for requires a separate application. Resumes are not accepted in lieu of applications.

Copies of your application are acceptable. Each must be clear, have an original signature and correct job title and require attachments.

Applications and attachments become official property of the North Central Regional Transit District and cannot be returned after being submitted.

The completion of this application represents your ability to provide accurate and complete written communication and follow directions. Incomplete or illegible applications will NOT be processed.

Carefully read the position and recruitment announcement for which you are applying. Note the knowledge and skills required for the position. Assure that you meet the minimum qualifications for the position. If high school/GED, college education, or certification is required, either attach a copy of your diploma, degree, transcripts or required certifications to application or bring at time of interview.

Complete an experience block for each of your past jobs describing your job duties and responsibilities. Volunteer work is acceptable with a letter on letter head from the employer documenting the job duties, beginning and ending dates, and number of hours worked.

The Human Resources Office will review all applications to determine if the applicant meets the minimum qualifications.

Qualifying applications are then reviewed by the selecting official(s) for selection of interviewees.

If you are selected for an interview, you will be contacted by phone. After interviews are conducted applicants will be contacted by letter and informed of selection status

EDUCATION:
High School/G.E.D., college degree or college transcripts will need to be attached to the application or turned in at time of interview, if it is required.

☐ Yes	High School Diploma/GED Certificate? Name of School:
☐ No	If no, Indicate Grade Completed:

Vocational/ Technical Name of School	Hrs. Completed Major Field

UNDERGRADUATE		GRADUATE	
College or University		College or University	
Major Field(s)		Major Field(s)	
Hours Completed Semester:	Quarter:	Hours Completed Semester:	Quarter:
Degree(s) Received:	Degree(s) Received:	Degree(s) Received:	Degree(s) Received:
Date(s) Received:	Date(s) Received:	Date(s) Received:	Date(s) Received:

1. License/Certificate issued by:			
Field/Trade/Specialization	Lic./Cert. No.	Issue Date	Exp. Date
2. License/Certificate issued by:			
Field/Trade/Specialization	Lic./Cert. No.	Issue Date	Exp. Date

Special skills you possess that are relevant to the position being applied for, e.g., computer literacy (types of hardware/software), types of equipment operated, management training, etc.

_____
_____
_____
_____
_____

References (Not Relatives) List only those that you will permit us to contact.

Name	Address	Phone

EXPERIENCE:

Please begin with your most recent experience in block 1. May inquiry be made of your current and past supervisors or employers regarding your character, qualifications, and record of employment? _____, if **NO** please indicate which past employer(s) may not be contacted: _____.

NOTE: Volunteer or unpaid but relevant experience will be evaluated in the same manner as paid experience. A letter from the employer documenting job duties, beginning and ending dates, and number of hours worked is required.

1 Employer's Name	Type of Business			From (Mo. /Yr.)	To (Mo. /Yr.)
Employer's Address No. & Street/P.O. Box	City	State	Zip	Your Job Title	
Supervisor's Name	Phone Number	Check One Full-Time ☐ Part-Time ☐	Hours per Week	Start Mo. Pay $	Last Mo. Pay $
If you supervised employees, please indicate number & give dates No. From (Mo. /Yr.) To (Mo. /Yr.)				Place of employment (City/State) if different from employer's address	
DUTIES:					
REASONS FOR LEAVING OR WANTING TO LEAVE				**DO NOT WRITE IN THIS AREA**	
				YEARS	**MONTHS**

2 Employer's Name	Type of Business			From (Mo. /Yr.)	To (Mo. /Yr.)
Employer's Address No. & Street/P.O. Box	City	State	Zip	Your Job Title	
Supervisor's Name	Phone Number	Check One Full-Time ☐ Part-Time ☐	Hours per Week	Start Mo. Pay $	Last Mo. Pay $
If you supervised employees, please indicate number & give dates No. From (Mo. /Yr.) To (Mo. /Yr.)				Place of employment (City/State) if different from employer's address	
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Employer's Address No. & Street/P.O. Box | City | State | Zip | Your Job Title

Supervisor's Name | Phone Number | Check One Full-Time ☐ Part-Time ☐ | Hours per Week | Start Mo. Pay $ | Last Mo. Pay $

If you supervised employees, please indicate number & give dates
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NOTE: For additional experience blocks, please use continuation sheet.

PLEASE READ BEFORE SIGNING

PRE-EMPLOYMENT INQUIRY AUTHROIZATION RELEASE

In connection with my application for employment, I understand and agree that employment inquires may be requested by the North Central Regional Transit District that will seek information pertaining to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment, previous employment, education background, and other past experiences. I also release and hold harmless all of my previous employers and the North Central Regional Transit District from any liability that may potentially result from the release or use of such information. I certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that knowingly making a false statement or omission in this application will be cause for rejection of this application or dismissal after employment. I understand that this application shall become a public record upon receipt and therefore shall be available for public inspection.

Signature of Applicant **Date**

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